No. W 5714	D	Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. H.D.M., L.L.C. FAYE LYNN OWEN 576 S 1ST E PRESTON ID 83263		2. Registered Agent and Address (NO PO BOX) FAYE LYNN OWEN 576 S 1ST E PRESTON ID 83263 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	H.D.M., L.L.C FAYE LYNN 576 S 1ST E						
NO FILING FEE IF RECEIVED BY DUE DATE							
200 20 10		ses of at least one Member or Manager.	C 11				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	LYNN OWEN ARK OWEN	576 S 1ST E 576 S 1ST E	PRESTON PRESTON	ID ID	USA USA	83263 83263	
5. Organized Under the Laws of:	6. Annual Repo	6. Annual Report must be signed.*					
ID ID	Signature: F	Signature: Faye Lynn Owen		Date: 03/23/2010			
W 5714	Name (type	or print): Faye Lynn Owen		Title: Member			
Processed 03/23/2010	* Electronically	* Electronically provided signatures are accepted as original signatures.					